

International Business Machines Corporation  
East Fishkill Facility  
2070 Route 52, B300/482  
Hopewell Junction, NY 12533-6531

Date: \_\_\_\_\_

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**FACSIMILE COVER SHEET**

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NUMBER OF PAGES TO FOLLOW

18

SEND TO:  <i>Jennifer Paker</i>  <i>571-273-1997</i>	FROM: Name: <i>Judy. Paoli/1b</i> Dept/Bldg/Zip: _____ Location: _____ Phone #: <i>845-894-4422</i> Return to Sender (yes or no): _____
EAST FISHKILL TELECOPIER NUMBERS  OUTSIDE NUMBER: (845) 892-6363    TIE LINE: 8-532-6363	

**MESSAGE:**

*re-faxing Amendment of 6/13/03*  
*per your request*

JUN 04 '04 13:35 FR IPLAW E FISHKILL  
06/13/03 13:35.38

845 892 6363 TO 915712731997  
013 030 0000 01300000

P.02/21

TO:Auto-reply fax to 892 6363 COMPANY:

## Auto-Reply Facsimile Transmission



UNITED STATES  
PATENT AND  
TRADEMARK OFFICE  
☆☆☆

TO:

Fax Sender at 845 892 6363

Fax Information

Date Received:

Total Pages:

6/13/03 1:29:26 PM [Eastern Daylight Time]

18 (including cover page)

**ADVISORY:** This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

Received  
Cover  
Page  
=====>

JUN 13 '03 14:40 FR IPLAW E FISHKILL		845 892 6363 TO 915712731997		P.02/18	
<b>FACSIMILE TRANSMISSION TO USPTO</b>					
<small>DECLARATION OF RECEIPT OF FACSIMILE TRANSMISSION I, the undersigned, being duly sworn, depose and say that the foregoing facsimile transmission is the true and correct copy of the facsimile transmission received by the undersigned on the date and at the time and place herein stated. Subscribed and sworn to before me this 13th day of June, 2003. Notary Public for the State of New York Signed: <i>John J. McDonald</i></small>					
DOCUMENT(S) FAXED: (MARKED WITH X) <u>17</u> PAGES ATTACHED					
<input checked="" type="checkbox"/> AMENDMENT <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Restriction Requirement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Other: Change of Address <input checked="" type="checkbox"/> Other: <u>COPY OF IIS</u>					
Re Applic of	David C. Long, et al.				
Docket No.	#15920010183051				
Serial No.	10/016,090				
Filing Date	December 13, 2001				
Attorney	Ira David Blocker				
PLEASE DELIVER THIS FAX TO:					
EXAMINER: JENNIFER A. POKER ART UNIT: 2832 PHONE NO: (703) 305-4037 FAX NO: (703) 872-9318					
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Received from 845 892 6363 at 6/13/03 1:29:26 PM [Eastern Daylight Time]					

\*\* TX STATUS REPORT \*\*

AS OF JUN 13 '03 14:45 PAGE.01

IPLAW E FISHKILL

DATE TIME	TO/FROM	MODE	MIN/SEC	PGS	CMD#	STATUS
09 06/13 14:40	917838729318	EC--S	04'53"	018	234	OK

FACSIMILE  
TRANSMISSION  
TO USPTOCERTIFICATION OF FACSIMILE TRANSMISSION:  
I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING  
FACSIMILE TRANSMITTED TO THE USPTO ON THE DATE SHOWN  
BELOW:Date of Transmission: June 13, 2003  
Name of Person  
Making Transmission: Teri McDonald  
Signature: *Teri McDonald*

DOCUMENT(S) FAXED: (MARKED WITH X)

17 PAGES ATTACHED

<input checked="" type="checkbox"/> AMENDMENT	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Retraction Requirement	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Other: Change of Address	<input checked="" type="checkbox"/> Other: COPY OF IDS

Re Applic of	David C. Long, et al.
Docket No.	FIS920010163US1
Serial No.	10/016,090
Filing Date	December 13, 2001
Attorney	Ira David Blecker

PLEASE DELIVER THIS FAX TO:


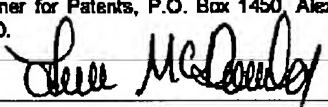
EXAMINER: JENNIFER A. POKER  
ART UNIT: 2832  
PHONE NO: (703) 305-4037  
FAX NO: (703) 872-9318

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INTERNATIONAL BUSINESS  
MACHINES CORPORATION

Intellectual Property Law  
East Fishkill Facility  
2070 Route 52  
Hopewell Junction  
New York 12533-6531

Fax: 845-892-6363  
Phone: 845-894-3975

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>FSI920010163US1</b>	
Applicant(s):				
Serial No. 10/016,090	Filing Date 12/13/01	Examiner Jennifer A. Poker	Group Art Unit 2832	
Invention: <b>EMBEDDED INDUCTOR AND METHOD OF MAKING</b>				
<u>TO THE COMMISSIONER FOR PATENTS:</u>				
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE
TOTAL CLAIMS	16 -	20 =	0 x	\$18.00
INDEP. CLAIMS	1 -	2 =	0 x	\$84.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>				<b>\$0.00</b>
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.				
 _____ IRA D. BLECKER REGISTRATION NO.: 29,894			Dated: JUNE 13, 2003	
<div style="font-size: small;">I certify that this document and fee is being sent via facsimile on June 13, 2003 under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="text-align: center;"> _____ Signature of Person Mailing Correspondence  Teri McDonald _____ Typed or Printed Name of Person Mailing Correspondence</div>				
CC:				